

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE **29123**  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2019 - 21 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Sheena McDowellTelephone: 843-597-6128Address: 874 Cribb St  
Florence SC 29506

Fax: \_\_\_\_\_

Other: \_\_\_\_\_

Email: Sjmedtransport@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input checked="" type="checkbox"/> Application - Class C Non-Emergency   | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

*js*

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: January 4, 2019

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. SJ medical transportation services LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

874 Cribb St Florence SC 29506

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

843-597-6128

Phone

Fax

Sjmedtransport@gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

| <u>Assets:</u>                      |  | <u>Liabilities:</u>          |                                   |
|-------------------------------------|--|------------------------------|-----------------------------------|
| Value of Real Estate                | <input type="text"/>                   | Mortgage/Loan on Real Estate | <input type="text"/>              |
| Value of Motor Vehicles             | <input type="text"/>                   | Loans Owed on Motor Vehicles | <input type="text"/>              |
| Cash on Hand                        | <input type="text"/>                   | Business/Other Loans Owed    | <input type="text"/>              |
| Cash in Bank                        | <input type="text" value="1500.00"/>   | Other Liabilities or Debts   | <input type="text"/>              |
| Value of Other Assets and Equipment | <input type="text"/>                   | <b>Total Liabilities</b>     | <input type="text" value="0.00"/> |
| <b>Total Assets</b>                 | <input type="text" value="1500.00"/> ✓ |                              |                                   |

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

# PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges: ~~\$3.50~~ per mile

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

| MAKE | YEAR & MODEL   | VIN# | EMPTY WEIGHT | WHEEL-<br>CHAIR<br>LIFT |
|------|----------------|------|--------------|-------------------------|
|      |                |      |              |                         |
|      | To Be Purchase |      |              |                         |
|      |                |      |              |                         |
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|      |                |      |              |                         |
|      |                |      |              |                         |

# INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Sy medical transportation service

Name of Applicant

874 Cribb Street Florence SC 29506

Address of Applicant

## Amount of Premium:

Liability Insurance \$ 1,444.00 yr

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

## Limits Quoted

|                                   |              |           |
|-----------------------------------|--------------|-----------|
| Liability Combined Each Occurance | \$ 1,000,000 | 1,000,000 |
| Medical Payments per Person       | \$ 1,000     | 1,000     |

Hiscox / Geico

Name of Insurance Company

5 Concourse Parkway Suite 2150 Atlanta GA 30328

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

## NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Subject:** Your Hiscox insurance quote  
**From:** Yourquote@insurance.hiscox.com  
**To:** <Sherenamcdowell@att.net>  
**Date:** Fri, Jan 4 2019 at 3:37 PM.



## Your business insurance quote 7914098 for SJ medical transportation LLC

Sherena,

Thank you for requesting a quote from Hiscox through our partners, GEICO. We specialize in insuring businesses like yours and customize coverage to the specific risks in your industry. Below is a summary of your quote.

To complete your purchase, just click on this link, and we'll take you right to your quote.

Or, if you have questions about your coverage, please call our licensed agents at 866-739-0722. They are ready to help you Monday through Friday from 8am to 10pm EST.

Here's a summary of your quote:

### Professional Liability : \$1,444.00

- Claims against you for negligence, even if you haven't made a mistake
- Awarded damages and defense costs, up to your policy limit
- Services delivered by all staff, including temporary employees
- Bodily injury and property damage resulting from your professional services is covered up to the policy limit
- Pollution liability claims covered up to \$200,000
- Asbestos liability claims covered up to \$200,000
- FHA/OSHA/ADA regulatory proceedings coverage up to \$5,000
- Administrative hearing coverage up to \$5,000

### Limits/Deductibles selected:

- \$1,000,000 per occurrence / \$1,000,000 aggregate
- \$500 deductible

10/12

McLeod AMB Surgery 8437776451

JAN/07/2019 11:20:37 AM

11:33:24 AM 01-07-2019 8437776451

**General Liability : \$350.00**

- Damage to someone else's property (including \$100,000 per rented space)
- Injury to a third party, including related medical expenses
- Actions of your staff, including temporary employees
- Claims of personal injury including libel and slander
- Includes optional terrorism coverage

**Limits/Deductibles selected:**

- \$1,000,000 per occurrence / \$2,000,000 aggregate
- No deductible for General Liability coverage

**Your total price: \$1,794.00****Why choose Hiscox?****Coverage tailored to your needs**

Policies are customized to the risks in your field.

**Passion for service**

97% customer satisfaction rating.

**Financial strength**

Hiscox Insurance Company Inc. is rated 'A' (Excellent) by A.M. Best.

**Experience**

The Hiscox Group is a global insurer with over 100 years experience insuring businesses.

**Fast, professional service**

Rated 4.8/5 for overall customer service (from over 11,000 reviews).

[Read reviews>](#)**Follow us for a range of news, tips, video and more.**

Underwritten by Hiscox Insurance Company Inc., 104 South Michigan Avenue, Suite 600, Chicago, IL 60603, as administered by Hiscox Inc., a licensed insurance producer in all states and DC.

Some policy products, terms, and benefits are unavailable in certain states.

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Exhibit Fit, Willing, and Able (FWA)

SD medical transportation service  
Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.
- ☒ Yes ☐ No
2. Applicant understands that drivers must be in compliance with all OSHA regulations.
- ☒ Yes ☐ No
3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.
- ☒ Yes ☐ No
4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.
- ☒ Yes ☐ No
5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.
- ☒ Yes ☐ No
6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.
- ☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Sheena McOssa  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

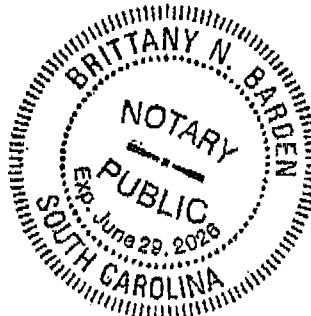
STATE OF SOUTH CAROLINA )

COUNTY OF Florence )

SWORN TO BEFORE ME  
This 7<sup>th</sup> day of January, 20 19

Brittany N. Barden  
Notary Public

Commission Expires June 29, 2020



Print Application

# *The State of South Carolina*



## *Office of Secretary of State Mark Hammond*

### **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

SJ medical transportation services LLC, a limited liability company duly organized under the laws of the State of South Carolina on January 8th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 8th day  
of January, 2019.

*Mark Hammond*  
Mark Hammond, Secretary of State